

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS:		
FOI:		
TOTAL CHARGEABLE CLAIMS:		
INDEPENDENT CLAIMS:		
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY ☐

RATE	FEE
BASIC FEE	\$3500
X10	
X12	
X140	
TOTAL	

RATE	FEE
BASIC FEE	\$70.00
X10	
X12	
X140	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19	20	1
Independent	6	6	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY ☐

RATE	ADDITIONAL FEE
X\$9	
X12	
X140	
TOTAL	

RATE	ADDITIONAL FEE
X\$18	
X6	
X280	
TOTAL	

9-17-06

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	20	
Independent	6	6	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$9	
X12	
X140	
TOTAL	

RATE	ADDITIONAL FEE
X\$18	
X6	
X280	
TOTAL	

2/5/07

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	32	20	12
Independent	6	6	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$9	
X12	
X140	
TOTAL	

RATE	ADDITIONAL FEE
X\$18	
X6	
X280	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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